24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

| Schedule E) | FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| National Nurses United for Patient Protection | C C00490375 |
| | C 00490375 |
| Check if 24-hour report 48-hour report New report Amends | report filed on MMM / DDD / YYYYY |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Outfront Media | 04 04 1 V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 185 US Highway 46 | 0,7 0,7 20,10 |
| | Amount |
| City State Zip Code | 40000.00 |
| Fairfield NJ 07004 | Transaction ID : D711373 Date of Disbursement or Obligation |
| Purpose of Expenditure Print Advertising Category/ Type | 03 / 18 / 2016 |
| Name of Federal Candidate Suppo | ort Office Sought: House District: 00 |
| BERNARD SANDERS Oppos | Senate State: NY |
| Calendar Year-To-Date Per Election for Office Sought 40000.00 | Disbursement For: |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Outfront Media | 04 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 185 US Highway 46 | 0. 0. 20.0 |
| | Amount |
| City State Zip Code | 24300.00 |
| Fairfield NJ 07004 | Transaction ID : D711374 Date of Disbursement or Obligation |
| Purpose of Expenditure Print Advertising Category/ Type | 03 18 2016 |
| Name of Federal Candidate Suppo | ort Office Sought: House District: 00 |
| Bernie Sanders Oppos | |
| Calendar Year-To-Date | Disbursement For: X Primary General |
| Per Election for Office Sought 38293.75 | 2016 Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 64300.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| () | |
| (c) TOTAL Independent Expenditures | ······· • |
| Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or agreement party committee) any political party committee or its agent. | |
| Martha Kuhl [Electronically Filed] | Date 04 04 2016 |
| Signature | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

| | | FOR SE OF FORM 24/48 |
|---|---------------------------|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| National Nurses United for Patient Protection | | C C00490375 |
| Check if 24-hour report 48-hour report New repo | rt Amends report filed or | n |
| Full Name of Payee |] | Date of Public Distribution/Dissemination |
| Outfront Media | | 04 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 185 US Highway 46 | , | Amount |
| City State | Zip Code | 4750.00 |
| | 07004 | Fransaction ID : D711375 Date of Disbursement or Obligation |
| Purpose of Expenditure Print Advertising | Category/ Type | 03 24 7 2016 |
| Name of Federal Candidate | Support Office S | Sought: House District:00 |
| Bernie Sanders | | President Senate State: CA |
| Calendar Year-To-Date Per Election for Office Sought | 38293.75 Disburs 2016 | ement For: |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Outfront Media | | 04 04 2016 |
| Mailing Address 185 US Highway 46 | | Amount |
| City State | Zip Code | 9000.00 |
| Fairfield NJ | 07004 T | ransaction ID : D711376 Date of Disbursement or Obligation |
| Purpose of Expenditure Print Advertising | Category/ Type | 03 / 24 / 2016 |
| Name of Federal Candidate | X Support Office S | Sought: House District: 00 |
| Bernie Sanders | Oppose X F | President Senate State: CA |
| Calendar Year-To-Date Per Election for Office Sought | 38293.75 Disburs 2016 | ement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | ····· | 13750.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ······ | |
| (c) TOTAL Independent Expenditures | · [| |
| Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent. | | |
| Martha Kuhl [Electronia | cally Filed] Date 04 | 04 2016 |
| Signature | 240 | |

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OF

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | PAGE 3 OF 3 FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection | FEC IDENTIFICATION NUMBER ▼ |
| National Nuises Office for Fatient Flotection | C C00490375 |
| Check if 24-hour report 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| Full Name of Payee Outfront Media | Date of Public Distribution/Dissemination |
| Mailing Address 185 US Highway 46 | 04 04 2016 |
| | Amount |
| City State Zip Code | 243.75 |
| Fairfield NJ 07004 | Transaction ID: D711377 Date of Disbursement or Obligation |
| Purpose of Expenditure Print Advertising Category/ Type | 03 / 24 / 2016 |
| Name of Federal Candidate Support Office | Sought: House District: 00 |
| Parnia Candara | President Senate State: CA |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2016 | rsement For: |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Mailing Address | |
| ag / tec.soc | Amount |
| City State Zip Code | |
| | Date of Disbursement or Obligation |
| Purpose of Expenditure Category/ Type | M = M / D = D / Y = Y = Y |
| Name of Federal Candidate Support Office | Sought: House District: |
| Oppose | President Senate State: |
| Calendar Year-To-Date Per Election for Office Sought | rsement For: Primary General Other (specify) ▶ |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 243.75 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 1 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | 78293.75 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| Martha Kuhl [Electronically Filed] Date 04 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |